## IOWA BOARD OF SOCIAL WORK

Iowa Department of Public Health/Bureau of Professional Licensure Lucas State Office Bldg., 5<sup>th</sup> Floor 321 E. 12<sup>th</sup> Street Des Moines, Iowa 50319-0075

## SUPERVISION PLAN FOR INDEPENDENT LEVEL LICENSURE

## •SUPERVISEE/LICENSEE INFORMATION•

Supervisee's Name:		Iowa License # LN	/ISW:				
Mailing Address:  Street Address	City	Sta	te	Zip Code			
Daytime Telephone: ()							
Agency/Institution of supervised professional practice:				<u> </u>			
Hours per week of clinical, master level practice:							
•SUPERVISO	OR INFORMATION	<b>1•</b>					
To be complete	ted by the supervis	or.					
Supervisor's Name:  (If you are not licensed in Iowa and providing supervision for from that state.)	or an Iowa LISW can	Iowa License #: _ ndidate, please prov	ride a verifica	tion of licensure			
Date of licensure:							
Have you practiced a minimum of 2,000 hours over a period of two years beyond receipt of your LISW? Yes No							
Supervisor's mailing address:  Street Address		City Sta	te	Zip Code			
Supervisor's daytime phone: ()							
E-Mail Address:							
Estimated dates of supervision:t (Include month/day/year – Minim							
Frequency of Supervision: Hours of (weekly, bi-weekly, monthly)	(110 hours required -1	to Face No more than 60 of the 1 hay be composed of no m	10 hours may be	provided in group)			

Goals and Objectives			

## **ADMINISTRATIVE RULES**

645—280.6(154C) Supervised professional practice for the LISW.

**280.6(1)** The supervised professional practice shall:

- a. Be the equivalent of two years of full-time post-master's social work degree practice at the master's level performing psychosocial assessment, diagnosis and treatment; or
- b. Be 4,000 hours of post-master's social work degree experience at the master's level performing psychosocial assessment, diagnosis and treatment over a minimum two-year and maximum six-year period;
- c. Have at least 110 hours of supervision which shall be equitably distributed throughout a minimum of a two-year period; and
- d. Be obtained in the following manner:
- (1) Face-to-face meetings between the supervisor and the supervisee unless the board has granted an exception allowing for an alternate form of supervision, upon written request of the applicant.
- (2) Group supervision obtained using the following criteria:
- 1. No more than 60 hours of the 110 hours of supervision may be provided in group supervision;
- 2. Group supervision may be composed of no more than six supervisees per group.
- e. Include as at least one component of the diagnostic practice the identification of specific mental or emotional disorders or conditions demonstrating a working knowledge of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM), the current edition.
- f. Include the provision of treatment, which shall include but not be limited to evaluation of symptoms and behaviors; effects of the environment on behavior; psychosocial therapy with individuals, couples, families, or groups; establishment of treatment goals; and differential treatment planning.
- **280.6(2)** The board maintains the authority to grant waivers relevant to the time parameters of the supervised professional practice upon written request of the applicant.
- **280.6**(3) To meet the requirements of the supervised professional practice, the supervisor must:
- a. Be an Iowa-licensed independent social worker as specified in rule 645—280.3(154C). An individual licensed in another state and providing supervision for an Iowa LISW candidate must be licensed at a level equivalent to Iowa's LISW level.

- b. Have a minimum of 2,000 hours of practice earned over a period of two years of practice beyond receipt of a license to practice independent social work in Iowa or the equivalent license from another state.
- c. Establish and maintain a plan throughout the supervisory period. Such a plan must be kept by the supervisor for a period of two years and must be submitted to the board upon its request for audit within 30 days from receipt of the request. The plan for supervision shall include:
- (1) The name, license number, date of licensure, address and telephone number of supervisor;
- (2) The name, license number, address and telephone number of supervisee;
- (3) The beginning date of clinical work experience under supervision and estimated date of completion;
- (4) A plan for direct supervision hours, including frequency of supervisor/supervisee's face-to-face meetings;
- (5) A plan for any group supervision;
- (6) The goals and objectives for the clinical work experience; and
- (7) The signatures of the supervisor and supervisee, and the dates of signatures.
- d. Be responsible for supervision within the following content areas:
- (1) Practice skills;
- (2) Practice management skills;
- (3) Skills required for continuing competence;
- (4) Development of professional identity; and
- (5) Ethical practice.
- e. Be accountable for the following areas of supervision:
- (1) Area of social work practice;
- (2) Agency providing services;
- (3) Legal and regulatory requirements;
- (4) Ethical standards of the profession; and
- (5) Acceptance of professional responsibility for the social work services provided by the supervisee.
- f. Complete a supervision report sheet at the end of the supervised professional experience. This sheet shall be answered in full and signed by both the supervisor and supervisee. This report shall be submitted to the board for review and approval prior to the board's approval of the supervisee to sit for the clinical-level examination.
- g. Exceptions to this rule shall be made on an individual basis. Requests for alternative supervisors must be submitted in writing, and the board must approve the supervisor prior to commencement of the supervision.
- **280.6(4)** To meet the requirements of the supervised professional practice, the supervisee shall:
- a. Obtain a written release of information for protection of client confidentiality pursuant to 645—Chapter 282, if the supervisor and supervisee are not employed by the same agency.
- b. Have the following documentation for supervision of independent practice:
- (1) The plan for supervision that was created at the beginning of the period of supervision and that was maintained by the supervisor. If there has been a change of supervisors, the LISW candidate has the responsibility to have a termination evaluation completed by that supervisor and to have the copy submitted to the next supervisor. All termination evaluations shall be available to the board upon request. The supervision provided by all qualified supervisors who have a plan of supervision with the applicant can be counted toward meeting the criteria for supervision.
- (2) At the end of supervision, the supervisee shall have any and all supervisors complete a supervision report sheet provided by the board of social work. This report shall be answered in full and signed by both the supervisor and supervisee. This report shall be submitted to the board for review and approval prior to the board's approval of the supervisee to sit for the clinical-level examination.

I,, a	gree to supervise the t	undersigned applicant for LISW licensure i	n those
services to be provided in clinical Iowa Code. I certify that I meet the meetings between me and the sup 2 year period. I understand that I understand that upon completion	I social work practice. he requirements to propervisee for a minimum will be expected to m of the supervision, I was a social work of the supervision, I was a social work of the supervision.	e. I will abide by the Board's administrative ovide supervision. The supervision will income of 110 hours equitably distributed over a naintain documentation of the supervision the will be asked to complete a supervision repand will be maintained throughout the supervision the supervision will be maintained throughout the supervision.	rules and lude regular minimum hat occurs. I ort. I do
Signature of Supervisor:		Date:	
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Signature of Supervisee:		Date:	
herewith meets the requirements found have answered them completely and tra- information submitted by me in this ap-	in those rules. I also certi uthfully. I declare, under plication process, are true a support of this application	supervised professional practice, and that the prince ify that I have carefully read the questions on this are penalty of perjury, that my answers, and all other e and correct. If it is determined at any time that I on, I understand that my application may be denied already licensed.	application and statements or have provided
during the supervised professional pract Chapter 22, and that application inform	tice. I also understand that nation is public information	on submitted herewith if the response or the inform t this application is a public record in accordance w ion, subject to the exceptions contained in Iowa la that may be necessary to verify the information I have	ith Iowa Code, w. Finally, in
Signature of Supervisor		Date	
Signature of Supervisee		Date	-